

# Siskiyou County STAGE Request for Service

All route changes or requests for service must be approved by the Local Transportation Commission. In order to process your request please provide the following information.

**Date of Request:** \_\_\_\_\_

## Requester Information

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail (optional):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Brief Description of Requested Service:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reason for the Requested Service:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Number of persons expected to use this service:** \_\_\_\_\_

**Written Comments should be addressed to:**

**Local Transportation Commissioner  
190 Greenhorn Road  
Yreka, CA 96097**

**Would you like notification of receipt by**      **Mail**      **Phone**      **Fax**      **Email**